



# 2012 SPRING REGISTRATION FORM

Churchville Rec. Baseball  
P.O. Box 207, Churchville, MD 21028

- RETURNING Player
- NEW Player
- Interested in Travel?

Player's Name: \_\_\_\_\_  
 Last Name First Name MI

Address: \_\_\_\_\_  
 Street City Zip Code

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Home: \_\_\_\_\_  
 Mo Day Yr

Parent(s)/Guardian Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 First Name(s) Last Name(s)

Parent(s)/Guardian Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 First Name(s) Last Name(s)

Age Group (Circle) as of 5/1/2012\*: T-Ball 7/8 9/10 11/12 13/14 15/19  
 \*NOTE: Playing outside of age group requires Board Approval.

Uniform Shirt Size (Please Circle): Youth: Small Medium Large  
 Adult: Small Medium Large XL

Any physical conditions or allergies(please comment)? \_\_\_\_\_

Accommodations requested? (please explain): \_\_\_\_\_

### In-House Registration Fees:

Age Group	Fees	Age Group	Fees
T-Ball	\$55 per child*	11 – 12	\$85 per child*
7 – 8	\$65 per child*	13 – 14	\$95 per child*
9 – 10	\$75 per child*	15 – 19	\$150 per child*

Multi-child discount: when registering multiple children from the same household, you may subtract \$5.00 from the 2<sup>nd</sup> child's fee, \$10.00 from the 3<sup>rd</sup> child's fee, and \$15.00 from the 4<sup>th</sup> child's fee.

\*\*\*\*Please make checks payable to: Churchville Rec. Council \* Please note Baseball Program in Memo field\*\*\*\*

\*\*\*There will be a \$15.00 late fee if registration is received after 15 February 2012\*\*\*

\*\*There will be a \$15.00 service charge for any returned check \*\*

\*Refunds given only with Baseball Board Approval\*

### Volunteering Opportunities:

**Manager/Coaching/Team Parent Positions/Etc.** – Please complete this section if you are interested in managing, coaching, being a team parent, or age group coordinator. \*All prospective volunteers **must** complete a **volunteer application** and submit to a **background check**. A copy of the application can be found in the "Coaches Corner" section of our website <http://www.churchvillebaseball.net>.

\_\_\_\_\_ Manager\* \_\_\_\_\_ Coach\* \_\_\_\_\_ Team Parent \_\_\_\_\_ Age Group Coordinator \_\_\_\_\_ Opening Day Volunteer

*I agree to abide by the rules and regulations of the league. I further agree that when I leave after the season, I will return any special program uniform items or athletic equipment issued to me or my child. I will abide by the Churchville Rec. Council - Baseball Code of Conduct (Jan. 2012). I agree that I will not hold the manager, coaches, team, program, and sponsor, Churchville Recreation Council or Harford County Department of Parks & Recreation responsible for injuries received while participating in this program. I also understand that information on YOUTH SPORTS CONCUSSION AND HEAD INJURIES is available at [www.cdc.gov/concussioninyouthsports](http://www.cdc.gov/concussioninyouthsports) or at 1-800-232-4636. I hereby approve of the terms of the contract signed by myself.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If child is under the age of 18)

### Program Use Only

Age and Information Verified By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Payment Amount: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Cash Check No: \_\_\_\_\_